

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

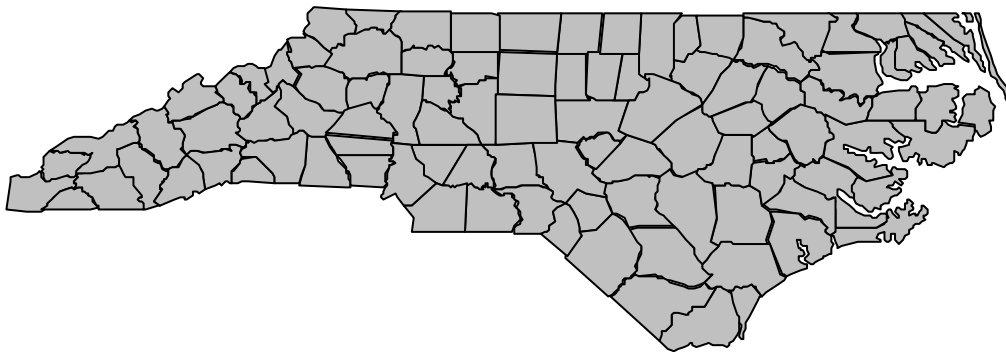
NC-TOPPS

North Carolina Treatment Outcomes and Program Performance System

**Child (6-11) Mental Health Consumers
Roanoke-Chowan LME**

**Initial Interview Matched to 3-Month Update Interview
July 1, 2006 through June 30, 2007**

Note: Initial Interviews from FY 2006-2007 were matched to 3-Month Update Interviews through December 2007.



Data Collected By:

Center for Urban Affairs and Community Services (CUACS)
NC State University
Mindy McNeely, Project Director

Report Produced By:

Institute for Community-Based Research
National Development & Research Institutes, Inc. (NDRI)
Marge Cawley, Project Director
Gail Craddock, Senior Research Analyst

Prepared For:

Quality Management Team
Community Policy Management Section
DMH/DD/SAS
NC DHHS

January 2008



Matched Initial/Update Report

This feedback report is available to Local Management Entities, providers and the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services on data gathered for child consumers through the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS). This report provides information gathered through the online NC-TOPPS Initial and Update Interviews. It provides six or seven pages of charts, tables and text information on demographic characteristics, symptoms, behaviors and activities, service needs, supports and barriers, family and housing issues and outcome measures collected through an interview with the child's guardian during treatment. It should be noted that not every data element or response category on the NC-TOPPS Interviews are displayed in this report.

Please note that the charts and tables may not always match online queries that you may conduct. The data used in these reports will not necessarily reflect the same points in time. In addition, NDRI who produces these reports cleans the data and removes apparent duplicates prior to preparing the tables and charts.

Additional information about NC-TOPPS and pdf copies of the online NC-TOPPS interviews are located at:

<http://nctopps.ncdmh.net/>

General Information on Interpreting Tables

Types of Statistics	<ul style="list-style-type: none">▶ A <u>count</u> shows the actual number (often designated by the letter “n”) of clients.▶ A <u>percentage</u> is the number of clients with a characteristic or behavior divided by all the clients in the group of interest multiplied by 100. Percentages will be designated with a % sign next to the number.▶ An <u>average</u> is the sum of a set of numbers divided by the number of numbers in the set. When a number in a cell is an average, the word average will appear in the row descriptor.▶ A <u>median</u> is the middle number in a set of numbers, arranged from lowest to highest. For example, the median for the following numbers: 9, 12, 12, 15, 17, 20, 22, 23, 25, 28, 31, 35, 62 is the bolded number, 22. Medians are important measures of central tendency, especially when a mean may be skewed by a very high or very low value. When a number in a cell is a median, the word median will appear in the row descriptor.
Missing Data	For many of the NC-TOPPS forms received, a particular item or question may have been left blank. In calculating the means, medians, and percentages in cells of questionnaire items, this missing data is excluded from the calculation. For example, program X may have submitted 50 interviews but in 2 of them, gender was left blank. When the percent of males is calculated, the 25 males are shown as 52% ($25/48 \times 100$).
Denominator	The denominator for nearly all percentages is the number of cases shown on the bottom left of the page minus item missing data. All exceptions to this general rule are specifically noted with appropriate text in the graphic or table. This text will state which group is included or excluded from the denominator, such as "of those in the labor force" or "of those with children."
Multiple Response	“Multiple response” indicates a “mark all that apply” type question in which more than one response to a question is allowed. The total of responses may add to greater than 100%. Examples are health insurance or target population. This is in contrast to items such as gender where only a single response is allowed.
Time periods of behaviors measured	Behaviors are measured at several time periods including the past year, the past 6-months, the past 3-months, the past month, or since last interview. For the Initial Interview, the time periods can generally be construed to mean the time period before treatment begins. For the Update Interviews the time is measured from the time at which the interview occurs back one month, 3-months, or since the last interview.
Definitions of terms	The Appendix at the end of the report gives definitions of acronyms, abbreviations, and other terms used in this report.

Notes:

Roanoke-Chowan Child Mental Health Consumers
Initial Interview Matched to 3-Month Update Interview
Initials Conducted July 1, 2006 through June 30, 2007

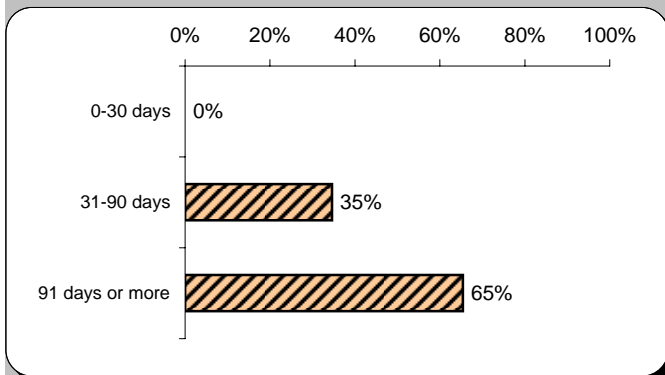
This table shows the number of matched consumers in this report by provider. This is the number of Initials done during the fiscal year 2006-2007 for whom there was a 3-month update interview conducted by December 31, 2007.

Provider	City	ProviderID	Number
Alpha Management Services	Roanoke Rapids	738	1
Britesmilz	Roanoke Rapids	790	7
Family and Youth Services, Inc.	Conway	731	16
Happy, Inc.	Gatesville	730	2
Health Services Personnel	Jackson	387	5
Integrated Family Services	Ahoskie	501	13
Life, Inc.	Ahoskie	385	11
Solid Foundation Facilities, Inc.	Ahoskie	822	2
Solid Foundation Facilities, Inc.	Windsor	494	1
Solid Foundations	Ahoskie	1073	1
WE Family Home Care, Inc.	Murfreesboro	1708	2
We Are All Connected, Inc.	Ahoskie	1490	17
Total			78

Part I

Part I of this report includes descriptive information about the Initial Interview Matched to 3-Month Update Interview consumers. This information on the types of consumers, time in treatment, types of services needed and being rendered helps in understanding the behavioral changes shown in Part II and Part III of this report.

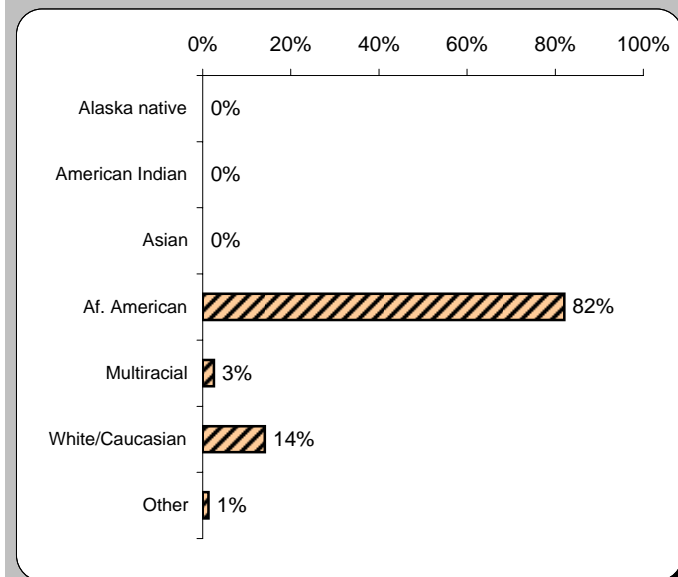
1-1: Days Between Initial and Update or Discharge Interview



1-2: Gender

Among R-C consumers, 69% are male, and 31% are female.

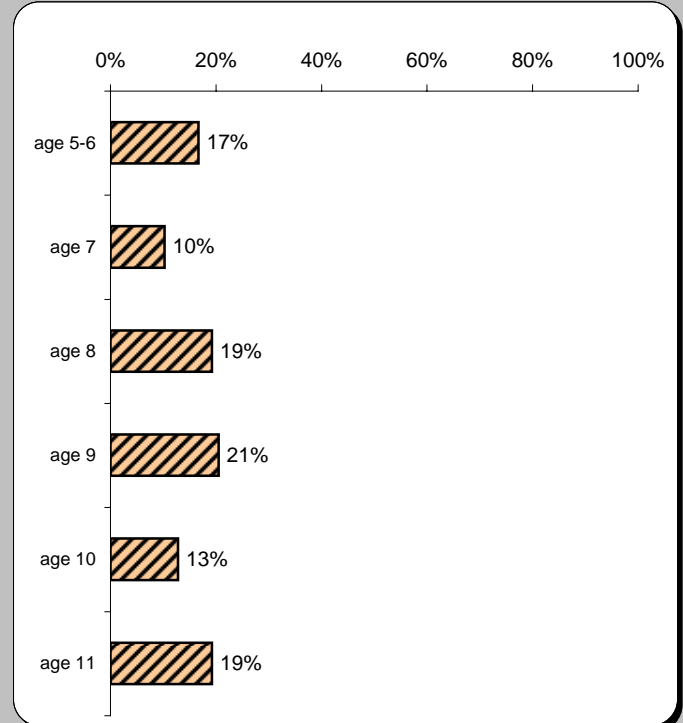
1-3: Race/Ethnicity



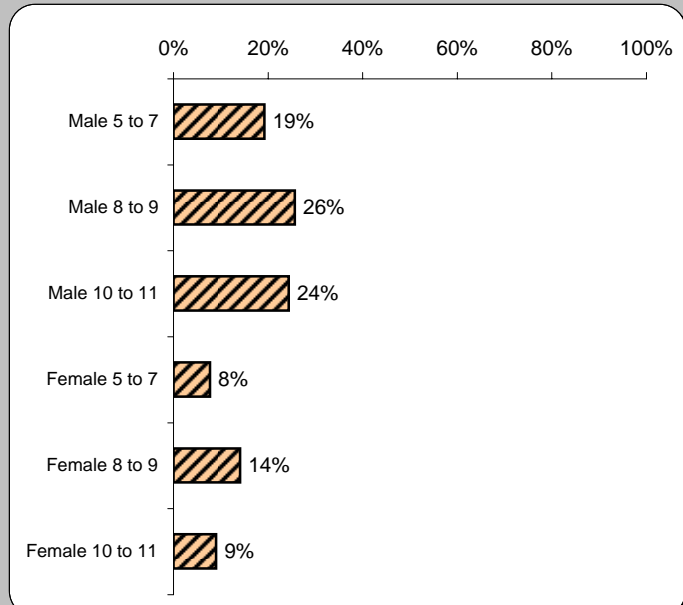
1-4: Hispanic

1% of R-C consumers are Hispanic.

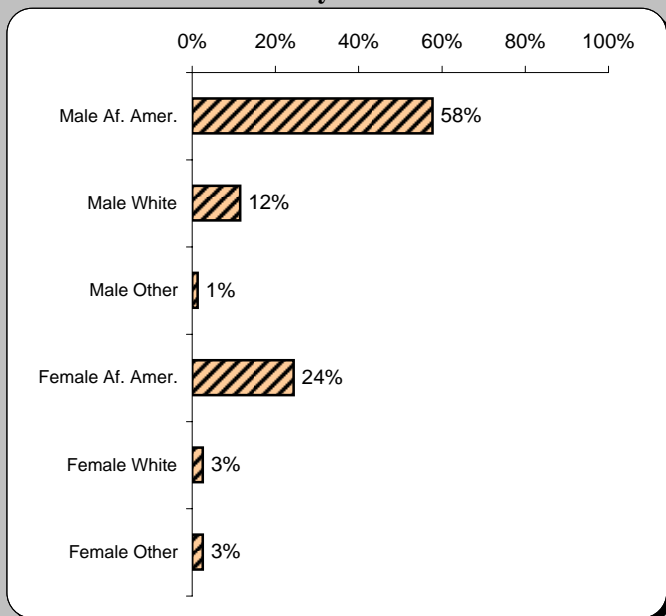
1-5: Age Group



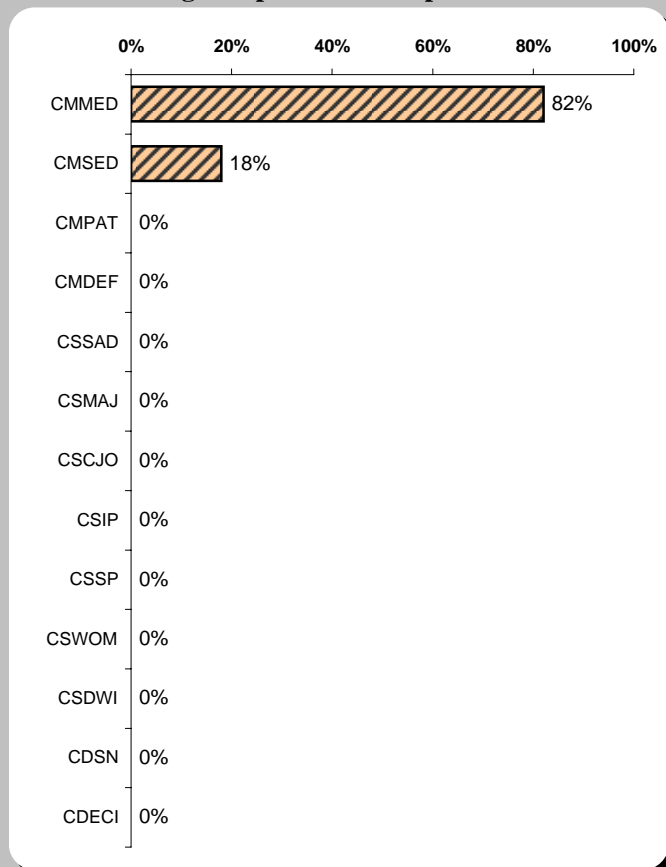
1-6: Gender and Age



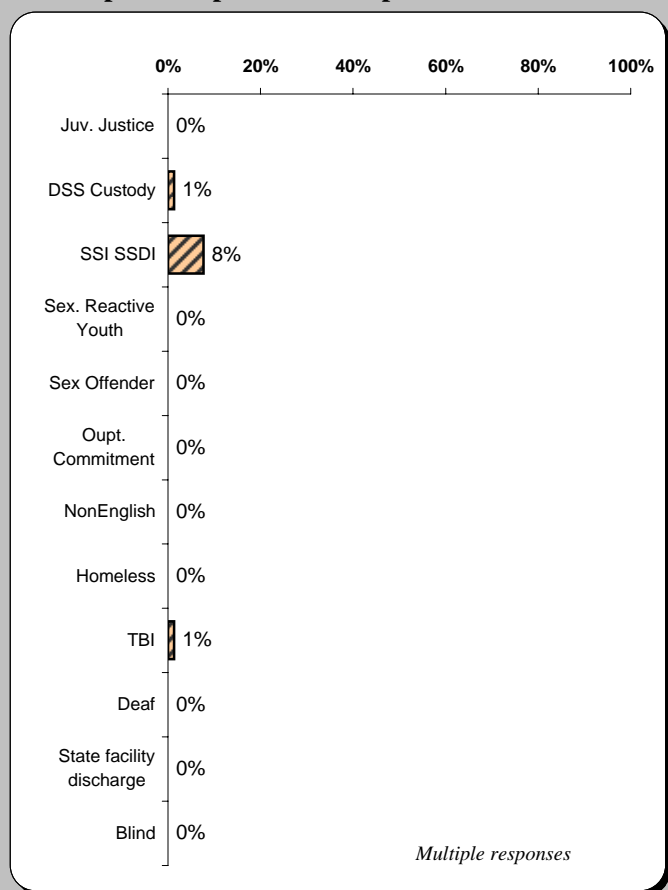
2-1: Gender and Ethnicity



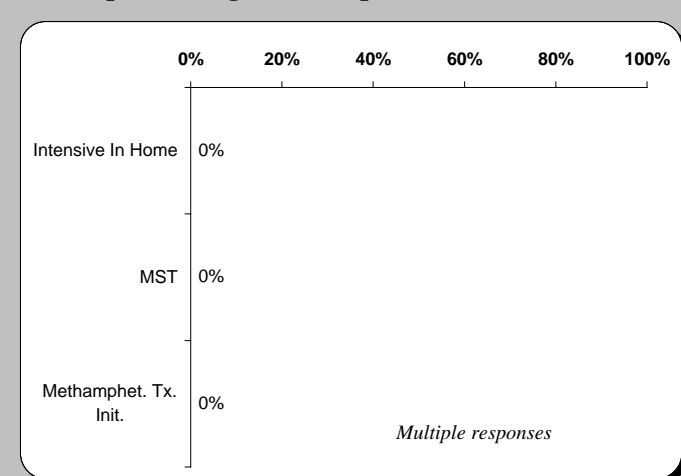
2-2: IPRS Target Populations at Update



2-3: Special Populations at Update



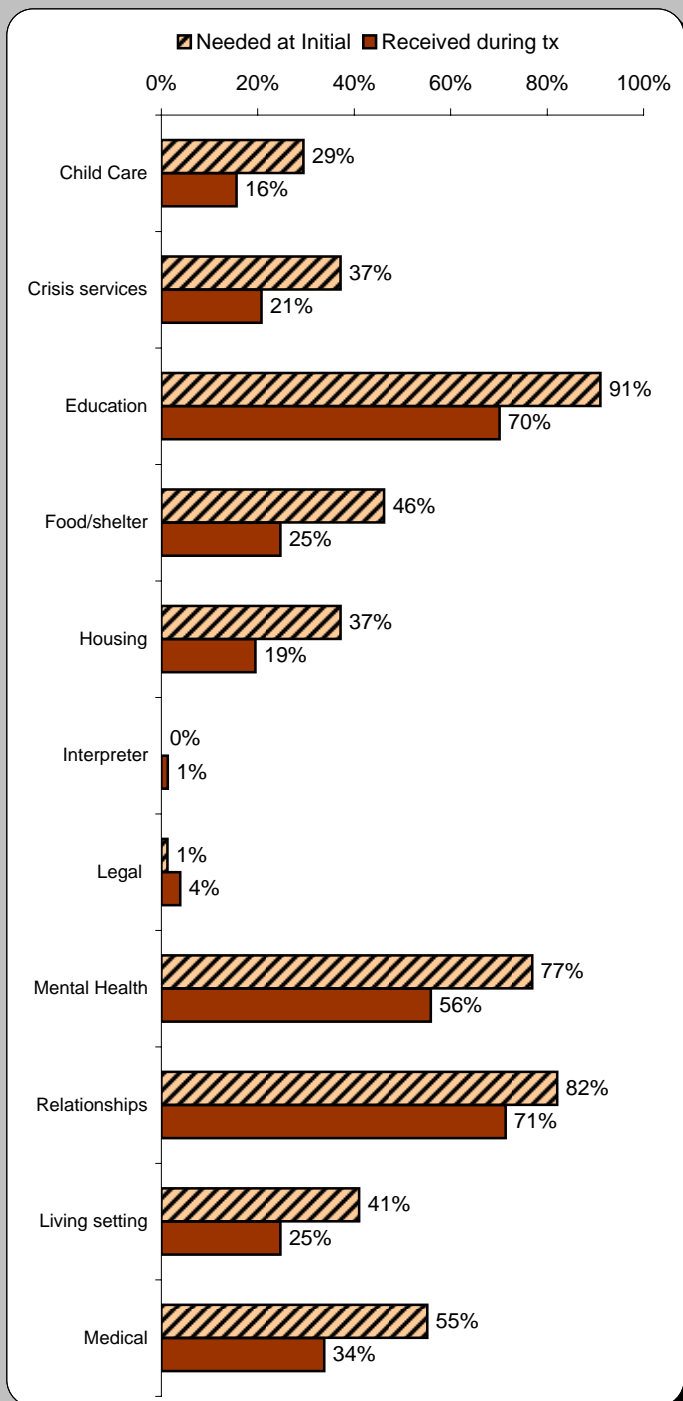
2-4: Special Programs at Update



Note: See appendix for definitions of acronyms used on this page.

3-1: Services Needed and Received

This chart compares information from the Initial Interview about whether a service area is very important to information from the Update Interview about whether the service was received during treatment.

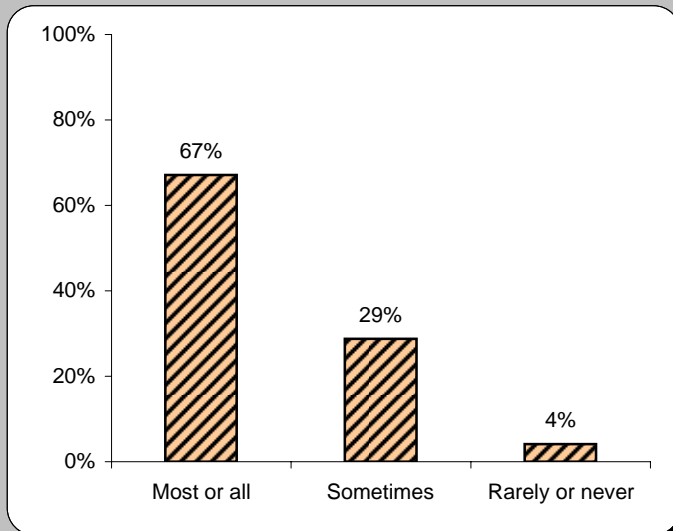


3-2: DSM-IV Diagnoses at Update

Diagnostic Category	
ADD	53%
ODD	22%
Adjustment disorder	10%
Disruptive behavior	32%
PTSD	1%
Bipolar disorder	3%
Anxiety disorder	1%
Learning disorder	6%
Conduct disorder	6%

Only most common diagnoses shown. Multiple response

3-3: Attendance at Scheduled Treatment Sessions, During Treatment Since Last Interview



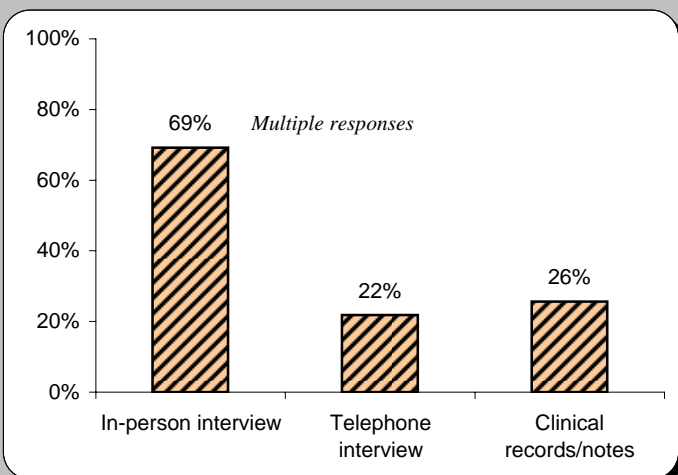
3-4: Family Involvement with Treatment Services and Person-Centered Planning Since the Last Interview

Family Involvement with...	
Services and/or planning	100%
Treatment Services	87%
Person-centered planning	77%

Part II

Charts and Graphs 4-2 thru 5-3 show consumers' daily activities, educational status and outcomes, living situation, substance use, and trouble with the law. Some graphs and tables compare information collected at the Initial Interview with information collected in the Update Interview. Initial information is designed to be collected by means of a personal interview with the consumer's guardian. The preferred method for completing the Update items in this section is a personal interview; however, a telephone interview, or clinical records or notes are also used. The following chart shows how it was completed for the current group of consumers:

4-1 Update Interview



4-2: Enrollment in Academic Program

Enrolled in....	Initial Interview	Update Interview
Any academic program	95%	100%
Academic School (K-12)	94%	97%
Alternative Learning Program(ALP)	1%	1%

4-3: Students in K-12 who Received Mostly A's, B's, and C's at Most Recent Grading Period

Of those in K-12	Initial Interview	Update Interview
Received mostly A's, B's, and C's	62%	75%

4-4: School Expulsion, Suspension and Truancy

Of those enrolled in K-12 who missed school due to	3-months before tx	Since last interview
Expulsion	1%	1%
Suspension	12%	12%
Truancy	3%	0%

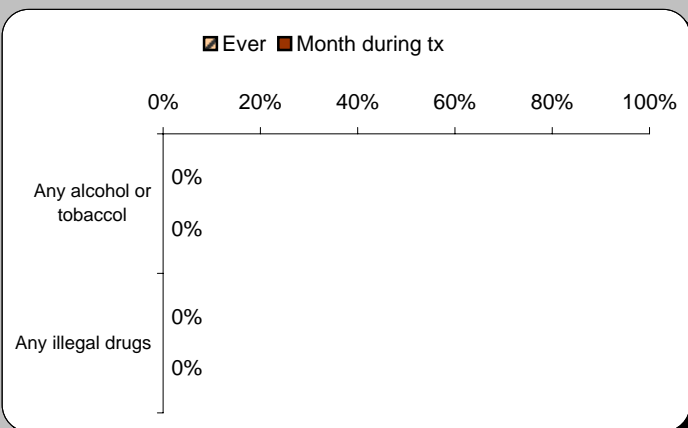
4-5: Justice System Involvement

0% were under the juvenile correctional supervision at the time of the Update Interview.

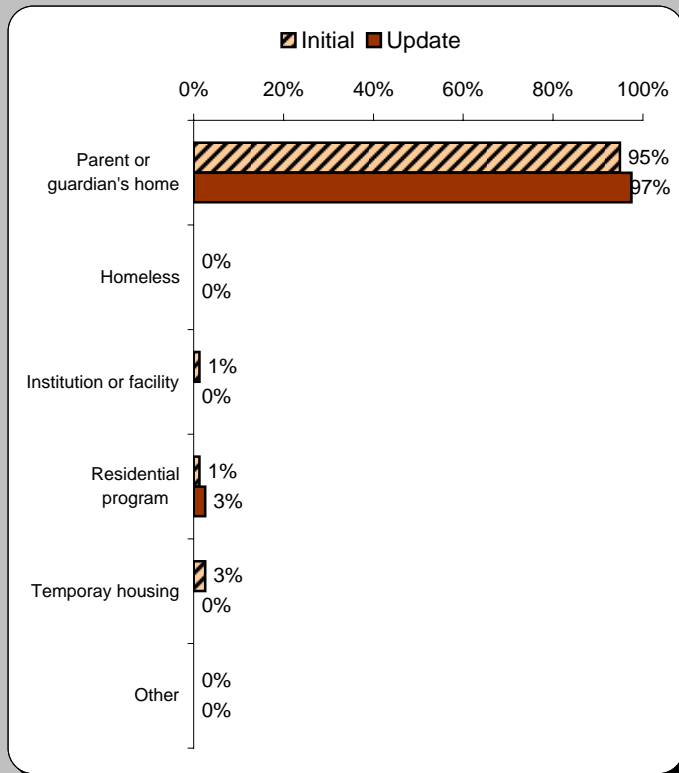
4-6: In Trouble with Law

	Month before tx	During tx past month
In trouble with the law	0%	0%

4-7: Substance Use



5-1: Where Lived



5-2: Number Living in Special Circumstances

Where lived most of time	3 Months before Tx	Since last interview
Homeless sheltered	0	0
Homeless unsheltered	0	0
Foster home	0	0
Therapeutic foster home	0	0
Level III Group Home	1	1
Level IV Group Home	0	1
Halfway house	0	0
State residential treatment center	0	0
SA residential treatment facility	0	0
Psychiatric residential treatment facility	0	0
Total living in special circumstances	1	2
--Of the total, number in home community	1	2

5-3: Times Moved Residences Since Last Interview

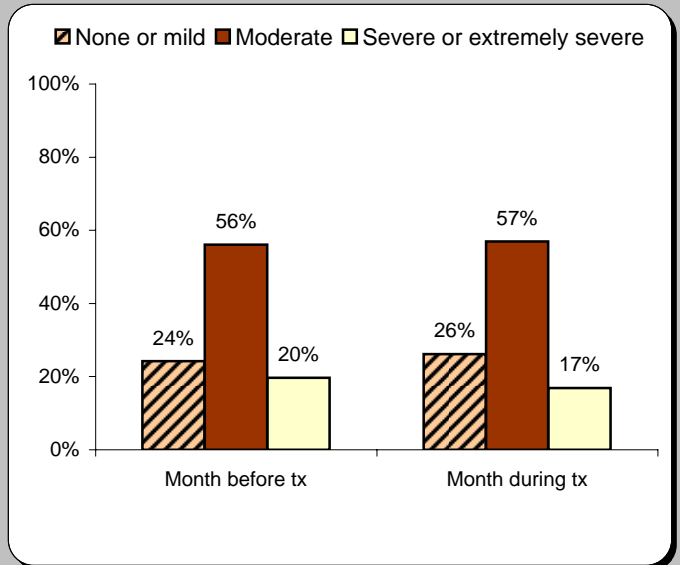
None	89%
Once	7%
More than once	4%

Part III

Charts and Graphs 5-4 thru 7-3 compare Initial Interview information with information from Section III of the Update Interview. Section III has questions that must be answered by the consumers parent or guardian. If the parent or guardian is not available, these items are skipped and left blank. Therefore, these results often represent the responses of fewer consumers.

*** 66 of the 78 (85%) of R-C Updates included a personal interview with the consumer's guardian.**

5-4: Severity of Mental Health Symptoms



5-5: Psychotropic Medications at Update

23% of R-C consumers have a current prescription for psychotropic medications. Of those, 93% take their medication as prescribed all or most of the time.

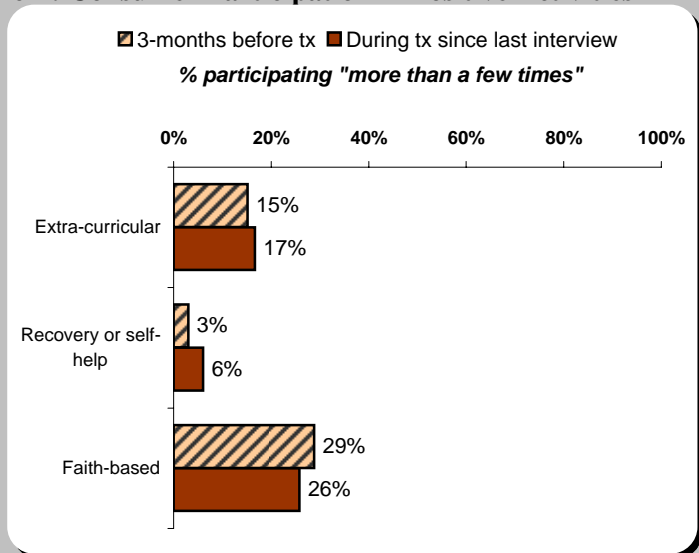
5-6: Behavior Problems and Symptoms

	3 Months before tx	During tx, since last interview
Suicidal thoughts	0%	2%
Tried to hurt or cause self pain	2%	5%
Hit/physically hurt another person	32%	34%

6-1: Experienced Violence

	3 Months before tx	During tx, since last interview
Physical violence	26%	23%
Sexual violence	0%	0%

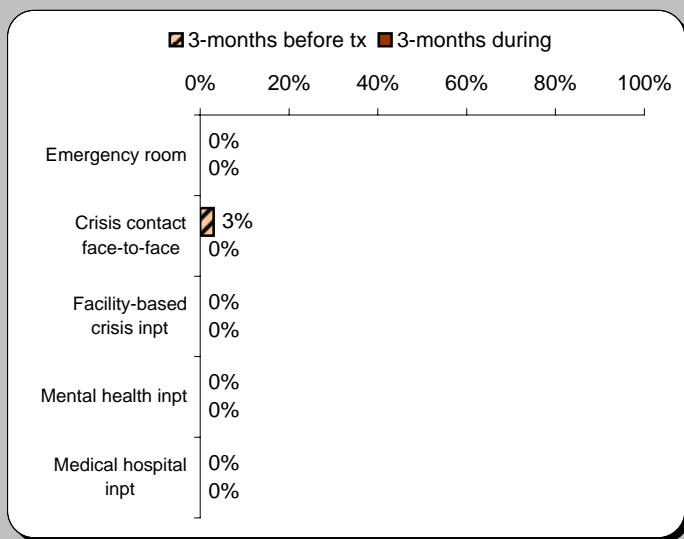
6-2: Consumer Participation in Positive Activities



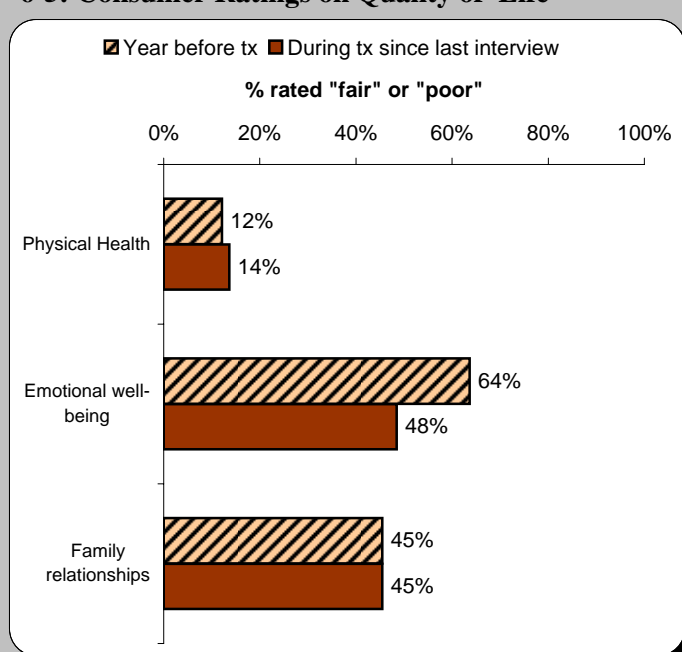
6-3: Public or Private Health Care Provider

Of the R-C consumers, 94% have an identified primary health care provider and 88% have seen their provider in the past year.

6-4: Health Care Received

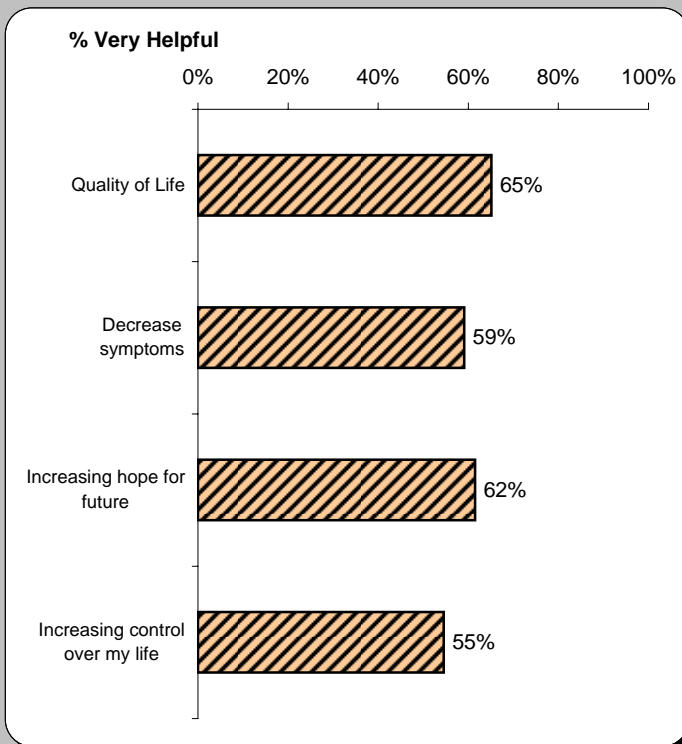


6-5: Consumer Ratings on Quality of Life



6-6: Helpfulness of Program Services

(of those for whom the service is applicable)



Acronym or Term	Definition
ACT	Assertive Community Treatment
ADMRI	Target population: Adult with both mental retardation and mental illness
ADSN	Target population: Adult with Developmental Disability
Af American	African American
AMOLM	Target population: Adult consumer receiving Olmstead services
AMPAT	Target population: Adult MH consumer who is homeless (PATH program).
AMSMI	Target population: Adult with serious mental illness
AMSPM	Target population: Adult with serious and persistent mental illness
AOD	Alcohol or other drugs
ASCDR	Target population: Adult SA injection drug user at risk for communicable disease
ASCJO	Target population: Adult SA who is a criminal justice offender
ASDHH	Target population: Adult SA consumer who is deaf or hard of hearing
ASDSS	Target population: Adult SA consumer who is involved with DSS
ASDWI	Target population: Adult SA consumer who is receiving DWI offender treatment
ASHMT	Target population: Adult with a chronic substance abuse disorder
ASHOM	Target population: Adult SA consumer who is homeless
ASWOM	Target population: Adult SA consumer who is pregnant or has dependent children
Assessmt	Assessment
Benzodiaz.	Benzodiazepine(s)
Buprenorph.	Buprenorphine
CASAWORKS	Residential program initiative designed to help substance abusing women
Cauc.	Caucasian
Crim. Justice or CJ	Criminal Justice
CST	Community support team
DSM	Diagnostic and Statistical Manual (Edition IV)
DSS	Division of Social Services
DWI	Driving while Impaired
GED	General Education Diploma (High School Equivalency)
H or I felon	Class H or I felon (controlled substance) who applied for food stamps
Her	Heroin
HS	High School
Inpt.	Inpatient
Marij.	Marijuana
Med. Mgmt.	Psychiatric medication management services
Methamphet.	Methamphetamine(s)
Methamphet. Tx. Init.	Methamphetamine Treatment Initiative
MH	Mental Health
Outpt. Commitment	Outpatient Commitment
PSR	Psychosocial rehabilitation
PTSD	Post-traumatic Stress disorder
SA	Substance Abuse or Substance Abuser
SSI/SSDI	Supplemental Security Income or Social Security Disability Insurance
TASC	Treatment Accountability for Safer Communities
TBI	Traumatic brain injury
Tx	Treatment
Work First	DSS program for temporary assistance to needy families

Note; Refer to web page for more complete definitions of target populations:

<http://www.dhhs.state.nc.us/mhdd/sas>